



Camp Ke-Da-Qa Participant Application and Release Form

Age Guidelines:

Seward Community Health Center's Camp Ke-Da-Qa is for children ages who will be in grades 4-6 during the 2018-19 school year and no exceptions will be made.

Hours of Operation:

Dates for the camp are August 1-3, 2018 and hours are Wednesday-Friday 8:30 am-5:00 pm. Please do not drop off your child prior to the start time of camp.

Pick-up and Drop-Off Procedures:

Children need to arrive between 8:00-8:15 am and must be picked between 5:00-5:15 pm. The check-in and pick-up area for the camp will be at the Branson Pavilion near Adams Street and Ballaine Blvd. Parent/guardian must park their vehicle and walk their child to the pavilion and sign the child into the Camp.

Medical Needs/Allergies:

Seward Community Health Center is not permitted to administer medication to program participants. In the event of a medical emergency, Seward Community Health Center will administer first aid, CPR, and rescue in the best interest of the child. Parents will be contacted if care is administered. Allergy medications may only be administered if directed in writing by the child's parent/guardian.

Special Circumstances:

Parents and guardians are required to inform Seward Community Health Center in writing of any special circumstances which may affect the child's ability to participate fully and within the guidelines of acceptable behavior, including, but not limited to, any serious behavioral problems or special circumstances regarding psychological, medical, or physical conditions. Once the notice is submitted, a conference will be scheduled with the parent/guardian to discuss the special circumstances and whether the Center can accommodate the circumstances.

Dress Code:

Children should dress appropriately for the activities scheduled. Seward Community Health Center recommends pants and some type of athletic shoe or sneaker activities. A sweatshirt and rain coat are also recommended since activities will continue in the rain. Sandals, flip-flops, rubber "crocs"-style shoes, and other open-toed shoes are not recommended as acceptable attire for active recreation activities. Clothing that displays drugs, alcohol, tobacco, offensive language, excessive bagginess, or is excessively revealing will not be permitted.

Personal Belongings:

Please put the child's name on all articles of clothing, snack bags, bags, etc. Children should not bring toys, mobile phones, electronic devices, jewelry, money, or any possession of value with them to any of the programs. Children will be responsible for their belongings.



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Sunscreen/Insect Repellent:

Please apply sunscreen and insect repellent prior to the start of each camp session. Children may bring sunscreen and insect repellent but must be able to reapply with staff supervision. Spray or mist sunscreen and/or insect repellent are recommended. Sunscreen and/or insect repellent must be labeled with child's name. Children may not share these items with others.

Nutrition/Snacks:

Children will be provided with peanut-free nutritional snacks, lunch, and water each day of camp. Please do not send gum or candy with your child.

Behavior Management/Discipline Policy:

Seward Community Health Center staff will create a fun and safe environment for participants in the program. Praise and positive reinforcement are used as effective methods of behavior management. Children who do not respond to these methods or who are destructive to others or to property will be dealt with in a professional, positive, and timely manner to correct the behavior. The following procedures will be followed for behavior management. All incident reports will be discussed privately with parents/guardians and a copy of each report will be kept on file at Seward Community Health Center.

1. In the event a child's behavior is a repeated behavior and cannot be corrected by Seward Community Health Center Staff with a verbal warning or other form of behavior modification, a first incident report will be written to document and correct behavior. A copy of the report will be given to the parent/guardian the same day as the incident.
2. A second incident report will be written if the behavior is repeated by or new behavior problems occur with the same child. Incident reports will be discussed privately with a parent/guardian by a Seward Community Health Center staff and Director. Dismissal from a program can occur at this time.

NOTE: Immediate dismissal from the program can occur at any time given severe circumstances.

Completed Releases of Liability and Applications are due July 2, 2018.

Seward Community Health Center
417 First Avenue
Seward, AK 99664

Email: outreach@sewardhealthcenter.org

Fax: 907-224-8501

Phone: 907-224-2273

Apply using following form or online at www.sewardhealthcenter.org.



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RELEASE OF LIABILITY

- 1) **AGREEMENT TO FOLLOW DIRECTIONS.** I agree that my child will observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by the Seward Community Health Center or its employees, agent or representatives.
- 2) **ASSUMPTIONS OF RISKS AND RELEASE.** I recognize that there are certain inherent risks associated with the activities of camp, and I assume full responsibility for any personal injury to my minor child, and further release and discharge Seward Community Health Center for injury, loss, or damage arising from my minor child's use of or presence upon the facilities used for Camp Ke-Da-Qa, whether caused by the fault of my minor child, Seward Community Health Center or other third parties.
- 3) **INDEMNIFICATION.** I agree to indemnify and defend Seward Community Health Center against all claims, causes of action, damages, judgements, costs, or expenses, including attorney fees and other litigations costs, which may in any way arise from my minor child's use or presence upon the facilities of Seward Community Health Center or any other organization affiliated with Camp Ke-Da-Qa.
- 4) **FEES.** I agree to pay for all damages to the facilities of Seward Community Health Center or any other facility used for Camp Ke-Da-Qa, caused by my minor child's negligent, reckless, or willful actions.
- 5) **CONSENT.** I, _____ (printed name of parent /guardian) consent to the participation of _____ (child's name) in the activities of Camp Ke-Da-Qa, August 1-3, 2018, and agree on behalf of the above minor to all the terms and conditions of this release. By signing this waiver, I represent that I have legal authority and custody of _____ (child's name).
- 6) **MEDICAL AUTHORIZATION.** In the event of an injury to the above minor(s) during the described activity, I give my permission to Seward Community Health Center or to the employees, representatives or agents of Seward Community Health Center, to arrange all necessary medical treatment, for which I will be financially responsible. This temporary authority will only be in effect during the time that my minor child is participating in Camp Ke-Da- Qa. Seward Community Health Center shall have the following powers:
 - a. To seek appropriate medical treatment or attention on behalf of my child as may be required by the circumstances including, without limitation, that of licensed physician and/or hospital;
 - b. To authorize medical treatment or medical procedures in an emergency; and
 - c. To make appropriate decisions regarding clothing, nourishment, and shelter.
- 7) **APPLICABLE LAW.** Any legal or equitable claim that may arise from participation in the above shall be resolved under Alaska law.
- 8) **NO DURESS.** I agree and acknowledge that I am under no pressure or duress to sign this agreement and that I have been given reasonable opportunity to review it before signing. I further agree and acknowledge that I am free to have my own legal counsel to review this agreement if I so desire.
- 9) **ENFORCEABILITY.** The validity or enforceability of any provision of this agreement, whether standing alone or as applied to a particular occurrence or circumstance, shall not affect the validity or enforceability of other provisions of this agreement or of any other applications of such provisions, as



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the case may be, and such invalid or enforceable provision shall be deemed not to be a part of this agreement.

- 10) **PHOTO/VIDEO RELEASE.** By signing this form, I, as parent/guardian, permit Seward Community Health Center to use pictures of my child as a program participant in promotional literature, videos, and the Seward Community Health Center website. I understand my child's name will not be published.

11) **WAIVERS AND INFORMED CONSENT**

I, as parent/guardian of _____ ("Child"), hereby assume all risks and hazards incidental to the conduct of the activities at Seward Community Health Center and transportation to and from the activities. My Child is fit for the program(s) in which I have enrolled him/her. I HERELY RELEASE AND SHALL DEFEND, INDEMNIFY AND HOLD HARMLESS RELEASEES FROM EVERY CLAIM AND ANY LIABILITY THAT I OR MY CHILD MAY ALLEGE AGAINST RELEASEES (including reasonable legal fees and costs) AS A DIRECT OR INDIRECT RESULT OF INJURY OR DEATH TO ME OR MY CHILD BECAUSE OF MY CHILD'S PARTICIPATION IN ANY SEWARD COMMUNITY HEALTH CENTER PROGRAMS, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERS TO THE MAXIMUM EXTENT PERMITTED BY LAW. I PROMISE NOT TO SUE RELEASEES ON MY BEHALF OR ON BEHALF OF MY CHILD(REN) REGARDING ANY CLAIM ARISING FROM OR RELATED TO MY CHILD'S PARTICIPATION IN ANY SEWARD COMMUNITY HEALTH CENTER PROGRAM(S).

I ACKNOWLEDGE THAT, BY SIGNING THIS DOCUMENT, I AM RELEASING SEWARD COMMUNITY HEALTH CENTER, AND THEIR REPRESENTATIVES, AGENTS, EMPLOYEES, VOLUNTEERS, MEMBERS, SPONSORS, PROMOTERS, AND AFFILIATES (COLLECTIVELY "RELEASEES") FROM LIABILITY, AND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS. THIS SIGN UP AND RELEASE FORM IS A CONTRACT WITH LEGAL AND BINDING CONSEQUENCES AND IT APPLIES TO ALL ACTIVITIES IN WHICH MY CHILD(REN) ENGAGES DURING THE SUMMER CAMP AT SEWARD COMMUNITY HEALTH CENTER, REGARDLESS OF WHETHER SUCH ACTIVITY IS A PART OF A FORMAL PROGRAM. I UNDERSTAND THAT NO INSURANCE COVERAGE FOR PARTICIPANTS IN THESE ACTIVITIES IS PROVIDED BY SEWARD COMMUNITY HEALTH CENTER. I HAVE READ THIS RELEASE CAREFULLY BEFORE SIGNING. I UNDERSTAND WHAT THIS RELEASE MEANS AND WHAT I AM AGREEING TO BY SIGNING.

Printed Name

Signature

Relationship to Minor

Date

Printed name of minor covered by this release: _____



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APPLICATION

Child's Information

Child's Legal Name: First: _____ Last: _____

Preferred name (if child has one) _____

Gender: ☐ Female ☐ Male

Date of Birth _____

This child will be entering this grade in the fall of 2018.

☐ 4th grade ☐ 5th grade ☐ 6th grade

Child's age at time of camp (August 1-3, 2018)

☐ 9 years old ☐ 10 years old ☐ 11 years old ☐ 12 years old

Child's t-shirt size

☐ Child Small (6/8) ☐ Child Large (14/16) ☐ Child Medium (10/12)

☐ Child Extra Large (18/20) ☐ Other: _____

Does child receive free or reduced lunch at school? ☐ Yes ☐ No

Child's favorite fruit: _____ Child's favorite vegetable: _____

Mailing Address (for camp correspondence)

Street Address _____

City _____ Region _____ Postal / Zip Code _____

This home is best described as...

☐ Parents or Legal Guardian's Home ☐ Relative's Home

☐ Foster Home ☐ Other: _____

Parent / Legal Guardian #1

Name: First _____ Last _____

Relationship to Child _____

Phone: _____

This phone is a: ☐ Cell Phone ☐ Work Phone ☐ Home Phone (Land Line)

Email: _____



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Parent / Legal Guardian #2

Name: First _____ Last _____

Relationship to Child _____

Phone: _____

This phone is a: ____ Cell Phone ____ Work Phone ____ Home Phone (Land Line)

Email: _____

List all adults authorized to pick up your child, if different than legal guardian(s) listed previously.

Adult #1 – Name: First _____ Last _____

Adult #1 - Cell Phone _____

Adult #2 – Name: First _____ Last _____

Adult #2 - Cell Phone _____

Why would this child's attendance at Camp Ke-Da-Qa be important? Why would you like to see him/her attend camp?

Please let us know if any of the following learning difficulties exist for this child.

____ None ____ Vision impairment
____ Autism ____ Don't know about learning disabilities
____ Hearing impairment ____ Other: _____

If these learning difficulties will negatively affect this child's time at camp - or if this information would help our Staff make camp better for your child - please explain.



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How often does this child withdraw in social situations?

- ☐ Never withdrawn ☐ Frequently withdrawn
☐ Rarely withdrawn ☐ Do not know how often child is withdrawn

If this child is withdrawn (or certain circumstances cause this), please explain.

Please let us know strengths and great, positive things about this child. Write as much as you'd like!

Illnesses and medical complications past or present (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Food allergies | <input type="checkbox"/> ADD or ADHD |
| <input type="checkbox"/> Medicine allergies | <input type="checkbox"/> Type 2 diabetes |
| <input type="checkbox"/> Topical allergies (lotion, sunscreen, etc.) | <input type="checkbox"/> Insect bite allergies (mosquitos, bees, wasps, etc.) |
| <input type="checkbox"/> Dizzy spells/fainting | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> Seizure disorders | |

List child's all known allergies to food, plants, medications, animals, etc.

By submitting this application, I acknowledge that I am the child's legal guardian. I further acknowledge that submission of this form does not guarantee my child enrollment in Camp Ke-Da-Qa.

Parent/Legal Guardian Signature

Date

Printed Name

Date

Applications are due Monday July 2, 2018

Enrollment is limited and enrollment is not guaranteed